

**„Aesthetics of the concept and image of the human body as a threshold for an ethics of becoming in STS and a philosophical anthropology for medicine“**

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Science Studies, Medical Humanities, Critical Thinking and Natural Philosophy are not disparate and segregated scholarly entities. Quite on the contrary, they are as one, united in and by theory. Over the course of its history, from Al-Ghazali's *Tabāfut al-Falasifa*<sup>1</sup> unto recent anti-intellectualism and the war on scholarship and higher education, philosophy has been accused of being useless and impractical. The case of the human body illustrates how misplaced and foolish this accusation really is, inherently and consequently, because it is precisely the body that is at the same time subject and object of conceptual practices and the uses of words that obtain gravity of meaning and depth of consequence. Speaking with Ellen Langer, it does make a huge difference for a patient's life-course whether s/he has been “cured of cancer” or the “cancer has gone into remission”. The context of this project is not to show that theory can have the occasional bout in touching upon the limits (*Grenze* [German], *frontière* or *confins* [French]) of relevance for practice (*praxis*); on the contrary, it is the example of the body as a dynamic, mobile, and intensive boundary (*Grenze* [German], *seuil* or *confins* [French]) between the cultural entity of the 'being human' and its nature that reveals that we cannot escape the comprehensive reality of philosophy – which is 'theory's real name', according to Elisabeth Grosz.

If we understand the singular philosophical reality of the conceptualization behind the terms of the frontier, the limit, and the boundary with Donna Haraway as a *figuration*, we attain a conceptualization wherein sign and substance appear as noumenally resolved as 'material trope and tropic quality of materiality', as manifest tradition of human hopes in the *inheritance of our times* (German: 'Erbschaft unserer Zeit') that are meant to serve for a collective reflection that, at the same time, renders the possibilities of redemption and salvation, of damnation and failure, and of collective integration (of migrants between discursive spheres); we attain a concept of the boundary which is, as it was with Ernst Cassirer and his 'disciple' Walter Benjamin or with Jacques Lacan and his 'disciple' Slavoj Žižek, at the same time a concept of the *threshold* (*Schwelle* [German], *seuil* [French]) and the theory/philosophy of the boundary is now an *encyclopedic study of the threshold* (*Schwelkenkunde* [Walter Menninghaus, Gerard Genette]), a gesture in transgression of the threshold (Kant, Bataille, Foucault) a *geophilosophy* (Gilles Deleuze, Isabelle Stengers) and productive *deteritorialization* that manifests in meanings that begin to constitute the quality of *bodyliness* itself. It is the body (intentionally avoiding to speak of the phenomenological *corporeality* [Leib]) that moves across borders (*Grenze* [German], *frontière* or *confins* [French]) aka crosses boundaries, that grows from threshold to threshold of maturity and ages, that lies between the limits of *psyche* as part of its culture and *organism* as part of its nature that constantly negotiate the threshold experiences (*Schwelkenfahrten*) and concepts of illness and health: in other words, the body as inheritance of our times exists as an anthropological 'boundary object' (Susan Leigh Star), as heterotopia (Foucault), as multiplicity (Deleuze), as a medium of rationality (Matthias Vogel), as a permanently styled and actualized malapropism (Donald Davidson), both in theory between the disciplines of philosophy, biomedicine, sociology, psychology, as well as an interdisciplinary practice (as problematization) oscillating in the 'narrative dialectics of technoscientific seeing' (Stingl). Therein implied lies the imbricated history of the anthropological tradition that philosophy and medicine share, starting from Kant, Lotze, Wundt, and Virchow; a history that has in the 20<sup>th</sup> century has turned to allow near-parasitically (Michel Serres) to distinguish between nature and culture of the body not just analytically, but abandoned, however, the unified experience of actual reality. The distinction and the rigorous demarcation and maintenance of the boundary as a confinement or border between nature and culture, between natural science and humanities, and between philosophy and medicine, appears if not already problematic in itself, then, at the very least, ripe to be problematized. It is required and inescapable that now we begin the problematization of the concept of the human body, as it is embedded in the practices of medicine and spatialized via the languages of medicine, from within philosophy by way of rational reconstruction that is qualified as practical within theoretical orientation in Pragmatism (William James, Karl Jaspers), critical realism (Roy W. Sellars, Roy Bhaskar), intensive science (Manuel Delanda, Deleuze) and semantic holism (Michael Esfeld, Martin Seel, Philip Petite, Geert Keil): We accord primacy to the problematization of the body as *real* (Paraphrasing Grosz: 'The Real...we couldn't talk about for fifteen years... because of deconstructivism.')

This philosophical perspective does not simply or mindlessly 'step over' boundaries, but instead it makes explicit that all such *transgressions* are, simultaneously, experiences of the threshold (*Schwelkenfahrten*), which do not represent paradoxes that are internal to philosophy but that have common points of reference within different philosophical circles: Therefore, Kant, as Robert Hanna shows, is the origin of analytical philosophy, Jaspers and Hannah Arendt follow in conceptualizations of truth and political judgment that are similar to the ideas in Pragmatism and it follows, as Laura Hengehold argues, that the political imagination is inherently bound to the many philosophical, medical, sociological and historical dimensions of *the body problematic* that can be derived in particular from Kantian and Foucauldian writings, whereas both truth and politics as appear in the Continental philosophy of Foucault and the Anglo-American (analytic) philosophy of Searle and Davidson can be easily reconciled, which Carlos G. Prado has exemplified. In walking 'a thin aëstheo-ethic line' (*ästhetischer Grenzgang* [Wolfgang Welsch]) we seek to take these fundamental insights forward in developing them within into *one* structural realism (Esfeld), semantic holism (Seel, Petite, Brandom), and narrative empathy (Fritz Breithaupt) that allows for a concept of the body that can be experienced as the human condition of an *integrative medicine*, i.e. within the frame of a pragmatic philosophical anthropology that does *not* construct illness and health as exclusive borders/limits/constraints/confines but as the permanent experience (*Schwelkenfahrt*) of overcoming thresholds (see also classic Chester Barnard) and as a holistic somaethetics (Richard Shusterman) and ethics of becoming:

“The ;being human' is the entity, that in being together with others and their shared environments is entangled in perpetually becoming. All practices, the textual and the non-textual, the discursive and the non-discursive, are only meaningful in narrative, and only through meaning does agency become possible. All agency is, therefore semantic and all semantic is embedded in narratives. Regarding the self, it is in the form of a genuine somatic style, as part of personal development and creation and education of one's character and mind (*Gemüth* [Kant]), embedded in a concrete (empirical) body culture, that we discover that only with an awareness of body-culture and genuine, psychosomatically rooted mindfulness, can we, framed in the philosophical anthropology of the human condition, construct a (post-/trans-human?) ethics of becoming that creates the conditions of possibility for us to become cyborgs or a companion species (Haraway), for otherwise we would end up as Borg (or mechanical automatons).” (Stingl)